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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/796,019	03/10/2004	Hidehiko Soyama	119040	2173
25944 OLIFF & BERI	7590 06/12/200 RIDGE, PLC	EXAMINER		
P.O. BOX 320850			LANGMAN, JONATHAN C	
ALEXANDRIA	A, VA 22320-4850		ART UNIT	PAPER NUMBER
			1794	
			MAIL DATE	DELIVERY MODE
			06/12/2008	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Intonvious Summans	10/796,019	96,019 SOYAMA ET AL.	
Interview Summary	Examiner	Art Unit	
	JONATHAN C. LANGMAN	1794	
All participants (applicant, applicant's representative, PTC) personnel):		
(1) <u>JONATHAN C. LANGMAN</u> .	(3)		
(2) <u>OFFICES OF OLIFF AND BERRIDGE</u> .	(4)		
Date of Interview: <u>04 June 2008</u> .			
Type: a)⊠ Telephonic b)□ Video Conference c)□ Personal [copy given to: 1)□ applicant	2) applicant's representativ	/e]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e) No.		
Claim(s) discussed:			
Identification of prior art discussed:			
Agreement with respect to the claims f) was reached.	g) was not reached. h)	N/A.	
Substance of Interview including description of the general reached, or any other comments: The law offices of Oliff a abandoned and that no reply to the last office action was (A fuller description, if necessary, and a copy of the amenallowable, if available, must be attached. Also, where no allowable is available, a summary thereof must be attached. THE FORMAL WRITTEN REPLY TO THE LAST OFFICE INTERVIEW. (See MPEP Section 713.04). If a reply to the province of the province	and Berridge confirmed that the filed. Industry the examiner as copy of the amendments that ed.) ACTION MUST INCLUDE THE last Office action has alread	e instant applicate greed would rend would render the E SUBSTANCE (y been filed, APF	er the claims claims OF THE PLICANT IS
GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS IN FILE A STATEMENT OF THE SUBSTANCE OF THE INTI requirements on reverse side or on attached sheet.	TERVIEW SUMMARY FORM	, WHICHEVER IS	LATER, TO
	/Callie Shosho/ Supervisory Patent Examine AU1794		
Examiner Note: You must sign this form unless it is an	Examiner's signature, if requ	ıired	

Application No.

Applicant(s)